U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

Name James

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

A Anderson

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name Local Union 160, IBEW

P.O. Box, Building and Room Number, if any

Labor Organization File Number

Sireet 19625 Ivanhoe Ct	Street 2522 Marshall Street NE
City Faribault	City Minneapolis
State Minnesota ZIP Code + 4 55021	State Minnesota ZIP Code + 4 55418
5. Position in labor organization. Business Representative	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name DONOYOD CONSTRUCTion Trade Name, if any:	Lunch meetins 2/23/04
P.O. Box, Bldg., Room No., if any	
53 South Owesse Blyd W	7.b. Amount.
Street	approx 15,00
State MN ZIP Code + 4 SS 117	
State MN ZIP Code + 4 SS 117	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

8/2/2005

Date

507-334-3207

Telephone Number

Signed